COD E-Circular

A Project of the Co-Occurring Disorders (COD) Unit, California State Department of Alcohol and Drug Programs

Volume I, Issue 4 **February 2009**

Collaboration, Cultural Competence and Core Values Are Key to Successful Work with Youth

In this issue...

Today's youth repeatedly demonstrate their resiliency despite encountering many challenges. This and the next issue of the *COD E-Circular* focus on some of the critical issues facing youth with COD. These *COD E-Circulars* also emphasize key concepts and evidenced based practices (EBP) that lead to successful outcomes for youth. This issue, in particular, focuses on transitional age youth (TAY) who are at high risk of becoming homeless.

The term TAY is used to refer to youth with high-risk characteristics, for example, youth exiting foster care or youth from a troubled home situation. TAY broadly range in ages from 16 to 25. This population faces significant challenges in successfully transitioning into adulthood. When offered help and hope, however, TAY are also capable of overcoming these obstacles.

Aspects of modern life can lead to an increase in emotional and behavioral problems among youth. As a result, the rate of mental health treatment has also increased. According to the Substance Abuse Mental Health Service Administration (SAMHSA), this rate was 14.6% in 2000. By 2001 the rate rose to 18.4%.[1] Youth with mental disorders often are substance users, leading to COD.

DDCAT: A Tool for Improving COD Treatment Capability

The Co-Occurring Disorders Joint Action Council has officially recognized the usefulness of the Dual Diagnosis Capability in Addiction Treatment (**DDCAT**) instrument in assessing COD treatment services. The DDCAT is designed to assess providers COD treatment capability. For further details see http://www.adp.ca.gov/COD/ddcat.shtml .

DDCAT Pilot Volunteer Programs Needed

The Department of Alcohol and Drug Programs (**ADP**) is inviting providers to participate in ADP's DDCAT Pilot. ADP's Pilot is examining the appropriateness of the DDCAT's use for California. Administer the DDCAT survey at your facility and compare your ratings with an independent survey conducted by ADP.

Please contact CODInfo@adp.ca.gov for more information, using the subject line "DDCAT Pilot."

FREE: DDCAT Training

ADP will soon offer a free training for interested providers on using the DDCAT. To receive further details on this half-day training in Sacramento, please send an email using the subject line "DDCAT Training" to CODInfo@adp.ca.gov .

Changes for the better at this stage of life can shape an individual's life trajectory in profound ways. For this reason, COD treatment is critical for youth (12-17) and young adults (18-25)[2]. Because young adults often become parents, it is not just their own lives that benefit. Intervention at this point prevents problems from becoming intergenerational.

The period of adolescence into young adulthood may be difficult, as individuals seek to acquire the emotional and social independence required to succeed as adults. This period of transition is even more challenging for youth with serious mental illness and emotional disturbances. Youth in foster care often emerge from this system with these issues. According to Steve Hornberger, former Director of Behavioral Health for the Child Welfare League of America, "Anywhere from 40% to 85% of kids in foster care develop mental health disorders, depending on which report you read."[3]

Continued, page 4, "Keys"

[1] SAMHSA, Nov. 2002, "Report to Congress on the Prevention and Treatment of Co-occurring Substance Abuse Disorders and Mental Disorders," Department of Health & Human Services, retrieved November 2008, "Children and Adolescents" section: http://www.samhsa.gov/reports/congress2002/chap1ucod.htm

[2] These age ranges for "youth" and "young adult" are used by SAMHSA for various reports, such as the Drug and Alcohol Services Information System (DASIS) reports. One example is "The DASIS Report: Characteristics of Young Adult (Aged 18-25) and Youth (Aged 12-17) Admissions, 2004." For further information on DASIS, see http://www.oas.samhsa.gov/dasis.htm

[3] As quoted by Lisette Austin in "Mental Health Needs of Youth in Foster Care: Challenges and Strategies" *The Connection*, Quarterly Magazine of the National Court Appointed Special Advocate (CASA) Association. National CASA Association, Seattle, WA. Retrieved from the CASAnet website, December 2008: http://www.casanet.org/library/foster-care/mental-health-[connection-04].pdf

With Help, Foster Youth Rise Above COD and Homelessness

Because of their difficult life experiences, former foster youth constitutes a large proportion of youth needing COD services. These youth benefit greatly from a *variety* of services that help them become self-sufficient and avoid relapse. Providers should be aware of foster youth's special challenges and design appropriate programs with links to necessary services.

Youth coming from foster care – especially those who emancipate or "age out" of the system at 18 – frequently show great resiliency in the face of many disadvantages. Unfortunately, the original reasons for their foster care placement make their situation difficult: Abuse, neglect, and an unstable home life often result in developmental complications. These youth are often traumatized while living with their parents, re-traumatized when separated from them, and further traumatized by constantly being moved from one foster home to another. They generally lack, and could greatly benefit from a secure attachment with at least one adult, which is a critical resiliency factor (see mentoring box above).

Vincent Felitte, MD, states in his book, *The Origins of Addiction*, "The major factor underlying addiction is adverse childhood experiences that do not heal with time and that are overwhelmingly concealed from awareness by shame, secrecy and social taboo."[4] This predisposition to substance use is compounded by mental illness. Adolescent treatment studies conducted by SAMHSA found a high rate of emotional disorders, including behavioral problems, among adolescents entering substance abuse treatment: boys, 62% and girls, 83%.

Some of these children end up in the foster care system, which was initially intended to provide temporary care. Nonetheless, many "age out" of the system each year, including 4,000 in California, with about 1,400 young adults in Los Angeles County alone.[5]

(continued on next page)

"Be the change: mentor a child." January is national mentoring month!

As a strategy for helping young people succeed in life, mentoring works! The longer a relationship lasts, the stronger the bond and the greater benefit.

Mentoring helps young people develop the confidence, resources, and skills they need to reach their potential. Like any youth-development strategy, mentoring works best when measures are taken to ensure quality and effectiveness. Providers can encourage young clients by sponsoring or supporting mentoring programs.

The Web site below provides more information on mentoring, including a downloadable document, *Elements of Effective Practice*. The research-based guidelines in it are geared toward helping mentoring relationships thrive and endure. *Elements* includes measures any mentoring program can implement to offer the best mentoring possible: mentoring that helps young people succeed. http://www.mentoring.org/find_resources/elements_of_effective_practice/

Find additional links in a one-page document under "Mentoring Program" on the COD Web site at http://www.adp.ca.gov/COD/suggested_pei_strategies.shtml

Conference Corner

Coping with the Current Reality – Conference Offers Reconnection with Vision

With resources ever more limited, service providers are struggling to transform themselves while still holding on to its core vision. The conference in Santa Barbara will offer tips on saving time, money and provide information on promising practices. The keynote speakers will address emerging realities in mental health systems.

The 1½ day conference, "2009 California Mental Health Policy Forum – Seizing the Opportunities and Meeting the Challenges of the Current Reality", is February 12-13 (with additional activities on the 11th). For further information, please go to http://elearning.networkofcare.org/cimh/content/MHPF0209_ProgramAgenda_1.16.09web.pdf

Save the Date: March 31-April 1: Annual COD Conference

For details on this Long Beach conference, see the Web page below (after February 16).

For additional information on COD-related forums, conferences, and trainings, see http://www.adp.ca.gov/COD/conferences.shtml

"Providing educational opportunities, life skills training and career development will enable youth to become emancipated & independent adults."
-Anonymous Youth

Quoted in Alameda County Behavioral Health Care Services, Transitional Age Youth (TAY) Program, 2008, "Transition Formation: Transition Age Youth Services Strategic Plan", Oakland, CA, retrieved November 2008, page 5: http://bhcs.co.alameda.ca.us/News/tay_report_final_check.pdf

[4] As reported by David D. Love, M.F.T., in a workshop slide show presented at the National Conference on Substance Abuse, Child Welfare, and the Courts: "Putting the Pieces Together for Children and Families", Jan. 2008. (Workshop title, "CHILDREN IN CHAOS: Identifying and Assisting Young Children Living in Substance-Abusing Families", session A.) Retrieved November, 2008: http://www.cffutures.com/conference_information/index.shtml

[5] Los Angeles Homeless Services Authority, Applied Survey Research. 2007. *2007 Greater Los Angeles Homeless Count*. Los Angeles, CA: Los Angeles Homeless Services Authority, retrieved November 2008, page 229, where references on statistics and information for various aspects of foster youth are extensively cited: (http://www.lahsa.org/docs/homelesscount/2007/LAHSA.pdf)

Foster Youth Rise Above... *(continued)*

Emancipating from foster care can bring additional challenges for most youth, as reported in the *2007 Greater Los Angeles Homeless Count:*

> According to the Children's Advocacy Institute, emancipated foster youth is a unique population compared to the typical 18-year-old… among California's former foster youth:
>
> • 65% emancipate without a place to live.
> • Less than 3% go to college.
> • 51% are unemployed.
> • Emancipated females are 4 times more likely to receive public assistance than the general population.
>
> It also found that in any given year, foster children comprise less than 0.3% of the state's population, and yet 40% of persons living in homeless shelters are [former foster children]. Additionally, a disproportionate percentage of the nation's prison population is comprised of former foster youth. A 2004 study concluded, "After four years of emancipation, 46% of emancipated foster youth do not complete high school, 42% become parents, 20% were not completely self-supporting and 25% experience homelessness." [6]

These figures show the importance of evidenced based practices (**EBP**s) in yielding better outcomes with this population. In response, foster care agencies are beginning to implement EBPs, including practices directed at parental training and family reunification. Hopefully, these changes will result in fewer young people entering and aging out of foster care. Concurrently, COD service providers should be aware of EBPs, such as motivation and engagement[7] and trauma treatment for children,[8] which enhance treatment outcomes.

Core Values in Working with Youth

1. **Flexibility:** Services are evaluated on an ongoing basis.
2. **Dignity:** Services are provided in a manner and in an environment that protects privacy, enhances personal dignity and respects cultural diversity.
3. **Coordination:** The resources are brought together to work for the benefit of the participants.
4. **Individualization:** Services are tailored to meet the unique and changing needs of each youth. Services build on the individual strengths of participants.
5. **Self-determination:** Youth set the goals and fully participate.
6. **Active involvement:** Youth participate in all aspects of the program from planning to implementation to evaluation.
7. **Strengths:** Services are built on the unique strengths of each individual youth.
8. **Hope:** Youth are treated as developing persons, capable of growth and change.
9. **Advocacy:** Youth are given support to advocate on their behalf.

Adapted slightly from the Core Values for Supportive Education in the as-yet unpublished update for the "Education" chapter of the California Mental Health Directors Association (**CMHDA**) *Transition Age Youth Subcommittee's Resource Guide*. The current *Resource Guide* is available at no charge at http://cmhda.org/go/Committees/ChildrensSystemofCareCommitteeCSOC/Transit

EVIDENCE-BASED PRACTICES IN FOSTER CARE SERVICE SETTINGS!

Two resource guides provide valuable information to help treatment foster care (**TFC**) providers.

First, *Implementing Evidence-based Practice in Treatment Foster Care: A Resource Guide* includes:

1) An **overview of EBPs** in child welfare;

2) **Tools for assessing and screening** mental health to help TFC providers identify children in need of more services;

3) **Descriptions of evidence-based psychosocial interventions** for psychiatric disorders;

4) **Psychopharmacologic approaches** for children requiring medication;

5) A **guide for comprehensive interventions** at multiple levels of a child's life;

6) Parent engagement and youth **support strategies;**

7) **Guidance on implementing EBPs** in an organizational context.

You can download at:
http://www.ffta.org/publications/EBPguideFinalWeb.pdf

Second, as an outgrowth of its work in 2001-2002 on the report, *Evidence-Based Practices in Mental Health Services for Foster Youth*, the California Institute for Mental Health Web site offers a wide array of resources, including numerous EBP links, on its **Services for Transition-Age Youth** page:
http://www.cimh.org/Services/Transition-Age-Youth.aspx

---

[6] Los Angeles Homeless Services Authority, Applied Survey Research, *op cit*, pages 229-230.

[7] A useful listing with ratings and descriptions of such EBPs is available at The California Evidence-Based Clearinghouse for Child Welfare (**CEBC**): http://www.cachildwelfareclearinghouse.org/search/topical-area/11

[8] Also at the CEBC Web site: http://www.cachildwelfareclearinghouse.org/search/topical-area/7

COD Youth News Briefs

A selection of edited items (with emphasis added), primarily from Studies in the News (**SITN**): California Department of Mental Health (**DMH**). SITN is a service provided to DMH by the California State Library (**CSL**) that features articles focusing on mental health issues. The monthly lists of SITH summaries can be viewed from CSL's Web site at CSL – SITN: http://www.library.ca.gov/sitn/cdmh/ .

Disseminating Evidence-Based Practice for Children and Adolescents: A Systems Approach to Enhancing Care by Anne E. Kazak, University of Pennsylvania, and others. (American Psychological Association (APA), Washington, D.C.) 2008. 116 pages. Full text at: http://www.apa.org/releases/EBPCAreport0608draftfinal.pdf

A new report from the APA *Task Force on Evidence-Based Practice* (**EBP**) *for Children and Adolescents* recommends ways to disseminate EBPs to improve mental health services for children and adolescents, including those involved with the child welfare system. The task force defines EBP as the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.

The report recommends that providers adhere to the following ideals when providing mental health services to children and families:

- Partnerships with other providers
- Cultural responsiveness
- A developmental approach
- A socio-ecological framework.

Systems-level strategies that can improve the provision of EBPs include the following:

- Enhancing education and training for service providers
- Increasing funding for research
- Revising policies and practices so that evidence-based services are available to all children and families.

Pediatric Perspectives and Practices on Transitioning Adolescents with Special Needs to Adult Health Care by Margaret McManus and others, National Alliance to Advance Adolescent Health. Fact Sheet Number 6. (The Alliance, Washington, D.C.) October 2008, 6 pages. Full text at: http://www.incenterstrategies.org/jan07/factsheet6.pdf

The transition from pediatric to adult health care is a significant issue all adolescents face, but it is a critical concern for the 17% with special health care needs. A smooth transition requires assistance in becoming an informed health care consumer, which for these youth is difficult. Developmentally appropriate support is required, to help them understand and manage their condition and to negotiate the changes involved in moving from a pediatric to adult health care system.

ADP Hosts New Youth Services Web Page

Access a range of information and resources:

http://www.adp.ca.gov/youth/yts_home.shtml

Keys *(continued from page 1)*

Many foster care youth end up homeless at 18 (see more details in related story, "With Help, Foster Youth Rise Above COD and Homelessness", page 2). Similarly, other youth with difficult family situations and/or weak family bonds may also become homeless, and face the additional burden of being unacquainted with the social service system.

Effective treatment for COD youth provides the resources and referrals these youth need to succeed in this transformation…

While 25 to 40% of US families[9] provide financial support to their children well into their late twenties, foster youth and youth from difficult family situations typically lack this support. Although their resources are few, their needs are complex and large. Yet these youth demonstrate great resilience. They cope with multiple disadvantages and disabilities while struggling to survive.

Often they must independently navigate connections with mental health and substance abuse treatment, other health services, career training, public transit and social services. A recent TAY report explains:

> Virtually everyone that works with TAY believes that the movement from disconnection to connection requires a "transformation," a mental/emotional decision by the youth that he/she wants to change the situation, no matter how difficult accomplishing that may be. However, unless opportunities are there at the point of transformation, change may be very difficult.[10]

Effective treatment for COD youth provides the resources and the referrals to services that these youth need to succeed in this transformation. Youth service providers must collaborate with numerous partners to facilitate good access to varied services. Productive collaboration, however, is a skill of its own and will be further addressed in the next issue of the *COD E-Circular.* Aside from collaboration, communications is another key factor in effective youth treatment. One report found:

Continued, page 7, "Keys"

[9] University of Southern California, Ethel Percy Andrus Gerontology Center, Longitudinal Study of Generations, Los Angeles, CA, retrieved December 2008: http://www.usc.edu/dept/gero/research/4gen/2006/

[10] Alameda County Behavioral Health Care Services, Transitional Age Youth (TAY) Program, 2008, "Transition Formation: Transition Age Youth Services Strategic Plan", Oakland, CA, retrieved November 2008, page 12: http://bhcs.co.alameda.ca.us/News/tay_report_final_check.pdf

Work with Homeless Youth Calls for Multiple Services and Special Approach

One of the most challenging populations to work with is homeless youth. The same childhood problems that cause trauma and a COD diagnosis may also lead to youth homelessness. Family problems such as abuse, neglect and parental substance abuse are often combined with economic and residential instability. These factors may lead to the development of poor judgment and social skills, non-existent family support and a lack of financial resources, all of which precipitate homelessness.

Working with this population, however, can offer great rewards. Youth naturally want to contribute to society, and they are often better able than older individuals to change their lives. Yet the factors that lead to youth homelessness often result in feelings of worthlessness, loneliness, hopelessness, mistrust and feelings of being "trapped."[11] Consequently, they are at high risk for suicide and highly resistant to desperately needed services.

Whether family problems led to COD and then homelessness, or the reverse, the homeless youth population has a high incidence of substance use and mental illness.[12]

Frequently, sexual and physical abuse and/or the difficulties associated with non-heterosexual identity also contribute to homelessness and COD. One report summarizes:

> The majority of homeless youth report that family conflict is the primary reason for their homelessness. Studies of homeless youth estimate that the rates of sexual abuse in the home range from 17% to 35% and physical abuse in the home ranges from 40% to 60%. Sexual minority status is also a big risk factor for homelessness because "coming out" to a parent or the parent finding out about sexual minority status may lead to the child being thrown out or running away.[13]

Inadequacies within the family welfare system also contribute to homelessness. The *2007 Greater Los Angeles Homeless Count* describes these impacts:

> Some youth become homeless with their families because of economic hardship and are then separated from them by the system.
>
> Other youth face residential instability stemming from residential or institutional placement. Homeless youth who are "emancipated" or "aged out" of foster care often transition directly into homelessness. A history of foster care increases the likelihood that a person will become homeless at a younger age and be homeless for a greater length of time.[14]

Obviously, housing, especially supportive housing, is a fundamental part of a successful treatment. Without the stability of housing, it is nearly impossible to pursue education, employment, health care and the other building blocks to a stable life. The lure of housing, however, may not be enough to overcome initial resistance to, and suspicion of, service providers.

A welcoming atmosphere is important in all COD treatment modalities, but it is especially critical when working with homeless youth. Providers working with homeless youth must carefully build trust over time.[15] By starting out with what *the youth* need or want, a provider can begin to develop a relationship. Often with TAYs, a harm reduction approach is the only intervention that is accepted. Providers must work with what the youth *are willing to do* and build on that. This approach is critical, because it develops youth engagement in recovery.

(continued on next page)

[11] Kidd, Sean A. "The Walls Were Closing in, and We Were Trapped:" A Qualitative Analysis of Street Youth Suicide." *Youth Society*, Vol. 36, No. 1, September 2004, pp. 30-55; as described in *Homeless Youth: Bibliography and Resources*: *The California Youth Homeless Project*, Lisa K. Foster, California Research Bureau, California State Library, 2008, Sacramento, CA: California State Library. Retrieved November 2008, page 19: (http://www.library.ca.gov/crb/08/08-010.pdf)

[12] Los Angeles Homeless Services Authority, Applied Survey Research. 2007. *2007 Greater Los Angeles Homeless Count*. Los Angeles, CA: Los Angeles Homeless Services Authority. Retrieved November 2008, page 223, where references on rates of homeless youth mental illness, substance use, suicide, and victimization are extensively cited: (http://www.lahsa.org/docs/homelesscount/2007/LAHSA.pdf)

[13] Los Angeles Homeless Services Authority, Applied Survey Research, *op cit*, page 221.

[14] Los Angeles Homeless Services Authority, Applied Survey Research, *op cit*, page 222.

[15] The author is indebted to theJune 1, 2007, panel presentation on collaboration at the California Insttute of Mental Health conference on Transition Age Youth, for the ideas presented in this paragraph.

Help for the Homelessness – Youth and Veterans: Supportive Housing Resources

10,000 Housing Vouchers for California's Homeless Vets

The new Veterans Affairs Supportive Housing (**VASH**) Program is slowly rolling out. Reportedly, only 300 vouchers have been issued to dated. Homeless veterans should contact their nearest Veterans Affairs (**VA**) office. Once referred through VA to the local Housing Authority, the veteran should be automatically qualified for the voucher. Only *lifetime* registered sex offenders are excluded.

The Corporation for Supportive Housing has produced a helpful overview document: http://www.csh.org/_data/global/images/HUDVASH_Update.doc . Additionally, the Housing and Urban Development website has more info than the VA website: http://www.hud.gov/offices/pih/programs/hcv/vash/docs/notice512.pdf .

New Study Shows Positive Impact of Supportive Housing

Supportive housing apartment buildings are substantially less expensive than shelters and many times less expensive than jails or beds in psychiatric hospitals. But nearby property owners often oppose such housing due to fears of lost property values. This new study from New York University's Furman Center for Real Estate and Public Policy counters such fears. See the summary Furman Center media release: http://furmancenter.nyu.edu/documents/FurmanCenterReleaseofSupportiveHousingResearch110608.pdf

The complete report is also available: http://furmancenter.nyu.edu/documents/FurmanCenterPolicyBriefonSupportiveHousing_LowRes.pdf

Intervention for homeless youth must address their immediate issues and then offer comprehensive services to address other aspects of their lives… Programs that are the most successful in helping youth regain stability minimize institutional demands and offer a wide range of services, such as educational programs, job training, employment assistance and health services. Additionally, homeless youth would benefit from some of the same prevention strategies as the adult population, such as the availability of affordable housing and employment that provides a living wage.

Our entire society benefits when young people are able to establish productive lives. Each homeless youth is a unique individual whose life is at a decisive crossroad. Rarely are they at that crossroad by choice. By developing attractive and effective treatment and supports, service providers offer these individuals the opportunity to achieve a purposeful life.

Multiple Services for Homeless Youth

(continued)

Periodic follow-up, reinforced with small incentive gifts, helps to maintain connections until youth are ready to accept treatment services. When TAY are ready, it is important to help them understand that treatment services are a privilege that requires mutual commitment. Signing an agreement with the youth specifying responsibilities often solidifies commitment.

The multiple needs of homeless TAY make effective collaboration with other service providers a vital part of successful COD treatment. Homeless youth face many more challenges than other COD youth. Their frequent involvement in sex work and the trading of sex for commodities results in a special health care needs for sexually transmitted diseases and pregnancy. Again, the *2007 Greater Los Angeles Homeless Count* summarizes service needs well:[16]

[16] L. A. Homeless Services Authority, Applied Survey Research, *op cit*, page 223

Helpful Series and Resources on Youth Homelessness Add New Understanding

Recently, the California Research Bureau and the California Council on Youth Relations presented a series of public policy seminars on the serious issues facing California's homeless youth. The seminars provided information on recent research and brought to the table both homeless youth and the providers that serve them to share their experiences,

The July 2008 report is a very helpful resource and includes an annotated bibliography:

Homeless Youth: Bibliography and Resources by Lisa K. Foster

Full text 62 pages: http://www.library.ca.gov/crb/08/08-010.pdf

Keys *(continued from page 4)*

> [A majority of] youth responding to a survey who received mental health services – 53% – did not find those services helpful. They cited therapists' inability to understand them or their situation, medication that did not help or was used to control their behavior, and their own unwillingness to communicate with a therapist.[17]

Does your program effectively communicate with youth? Youth culture is distinctive, and California youth are extremely ethnically diverse. Furthermore, homeless youth often exist in a subculture. For effective treatment outcomes, programs must be culturally competent, accommodating clients' culture, which often requires a wide variety of expertise. When cultural competency is ignored, retention in treatment suffers and relapse increases. The National Center for Cultural Competence at http://www11.georgetown.edu/research/gucchd/nccc/ offers a variety of self-assessment tools, model policies, and practice guidelines, to improve cultural competency.

The Transition Age Youth Subcommittee of the California Mental Health Directors Association (**CMHDA**) has developed a set of core values that benefit youth services. An unpublished update of the "Education" chapter in the CMHDA *Transition Age Youth Subcommittee's Resource Guide* specifies core values for supportive education (see box on page 3). By slightly adapting the language the core values outline successful youth services and programs overall:

- flexibility
- dignity
- coordination
- individualization
- self-determination
- active involvement
- strengths-based
- hope
- advocacy

Often, even small changes enhance youths' dignity and involvement, as well as lead to more individualized and coordinated youth services. Building on individual strengths increases resiliency, which strengthens character.

[17] Alameda County Behavioral Health Care Services, Transitional Age Youth (TAY) Program, 2008, "Transition Formation: Transition Age Youth Services Strategic Plan", Oakland, CA, retrieved November 2008, page 10: http://bhcs.co.alameda.ca.us/News/tay_report_final_check.pdf ; based on information from California Research Bureau, California State Library, 2008. *Voices from the Street: A Survey of Homeless Youth by Their Peers*, Nell Bernstein and Lisa K. Foster. Sacramento, California: California State Library: http://www.library.ca.gov/crb/08/08-004.pdf

Early Periodic Screening, Diagnosis and Treatment Funds COD Youth Services

COD treatment providers should not overlook the possibility of the Early Periodic Screening, Diagnosis and Treatment (**EPSDT)** program covering the cost of treatment services.[18]

EPSDT is a federally mandated benefit for full-scope Medi-Cal beneficiaries under age 21. EPSDT provides coverage for medically necessary procedures or treatments that correct or ameliorate a defect, physical illness, mental illness or a condition. EPSDT provides coverage for some services not otherwise covered by Medi-Cal.

The eligibility criteria for EPSDT are that the qualified individual has a Medi-Cal included mental illness diagnosis that would not be responsive to physical healthcare treatment. The service must correct or ameliorate the diagnosed mental illness.

YOU CAN EMAIL THE COD UNIT AT CODINFO@ADP.CA.GOV

THE COD WEBSITE CARRIES VALUABLE INFORMATION AT HTTP://WWW.ADP.CA.GOV/COD/

Furthermore, EPSDT services are not strictly limited to mental health services. The January 29, 2006, DMH letter to county mental health directors stated, "counties will… provide services for EPSDT beneficiaries dually diagnosed with mental health and substance abuse problems directed at the substance abuse component of the beneficiaries' needs if such treatment is consistent with and necessary to the attainment of the goals for mental health treatment and *such services are not otherwise available*."

For further and detailed information on EPSDT, please refer to the California Institute for Mental Health's free EPSDT Chart Documentation Manual and related materials at http://www.cimh.org/services/child-family/free-publications.aspx#epsdt .

Upcoming issues of the* COD E-Circular *will focus on:

- ✓ ***Veterans***
- ✓ ***Treatment and Intervention***
- ✓ ***COD and Criminal Justice***

Subscribe now! Send an email with the subject of "e-circular" to COD@adp.ca.gov . In your message, please include:

- o your program name,
- o the name of a contact person and
- o the person's phone number and area code

[18] The contents of this article are substantially excerpted from a draft document by the Funding Committee of the Co-occurring Joint Action Council (COJAC). For further information on COJAC, please see http://www.adp.ca.gov/cojac/index.shtml .